

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		2				
9		/				
10		/				
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49		/				
50		/				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		/						
52		/						
53		/						
54		/						
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58		/						
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93		/						
94		/						
95		/						
96		/						
97		/						
98		3						
99		3						
100		3						
TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS								

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	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		/				
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49		/				
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TOTAL IND.	1					
TOTAL DEP.	156					
TOTAL CLAIMS	157					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						